



Testimony before the Senate Committee on Families, Seniors, and Human Services

March 14, 2012

Presented by Sarah Slocum, State Long Term Care Ombudsman

Chairwoman Emmons, and members of the committee, thank you for the opportunity to speak with you today about SB 884. I am here today in my capacity as Michigan's chief advocate on behalf of resident of licensed long term care facilities. The Ombudsman program is charged with working at the individual and the policy level to maximize quality of life and quality of care for long term care facility residents, and it is in this spirit of resident rights and quality improvement that I offer my comments today.

I appreciate Senator Hansen and his staff for their hard work on this bill and his support of other Elder Abuse legislation taken up this year. The Senator's willingness to make improvements and to support consumer rights throughout the process of developing SB 884 is admirable. The draft before you now is a definite improvement over earlier language.

I do still have several issues of concern with the bill, and am not able to fully support the bill. These are:

- Labeling facilities with citations no higher than level E as high performing. Level E is in the second level of scope and severity and indicates a pattern of a particular problem, and a potential for more than minimal harm to residents.

- On Page 18, section (29) , and on page 20 section (3) The definition of “High performing facility” is inadequate.
- Also related to section (3) on page 20, the definition of “high performing” is problematic as is the requirement on the department to give facilities \$5000 grants from the CMP fund to carry out quality improvement initiatives. Quality initiatives are a good idea, but the Department should not be mandated to use the CMP fund this way, and again, the bar is too low using the nothing higher than a level E standard;
- Page 18 section (29) - should also add language “OR OTHER ELIGIBLE ENTITIES FOR SPECIAL PROJECTS THAT DIRECTLY BENEFIT RESIDENTS” replacing “to encourage the rapid implementation of maintenance of the clinical practice guidelines”. This language would help the state comply with federal Centers for Medicare and Medicaid Services (CMS) position on use of CMP funds.
- Changes to the scheduling of surveys are still problematic in this version of the bill, and federal CMS requirements may make some of the schedules prescribed in the bill unworkable. I will ask the Chicago office of CMS to analyze and comment on the language;
- Page 21, section (9) is should be omitted or the Level E language revised to Level C; also desk audits are not the preferable method vis a vis resident protections, unless the citation is a very low level and not related directly to topics that have a direct impact on residents;
- On page 21, section (10) should be omitted. The scope and severity of the citation itself should determine which sanction will be applied by the Department, not whether it was

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facility reported or not.

I look forward to continuing to work with Sen. Hansen and his staff on this bill and hope that further revisions will address these concerns. I thank you for your attention to nursing facility issues and your caring for Michigan's older adults and people with disabilities who live in nursing facilities.